

Fact Sheet

Health Insurance Options for Individuals

This fact sheet is designed to help you assess available options. It does not imply endorsement of any option by the Washington State Office of the Insurance Commissioner or SHIBA HelpLine.

The following information is accurate as of 8/04.

1. GROUP COVERAGE

- a)** If either you or your spouse is working, you may be able to obtain health benefits through the employer. Check with the company's Human Resources department.
- b)** If you are leaving your job, divorcing an employed person, or otherwise being separated from an employment-related plan, you should ask the employer if you are eligible for **COBRA** benefits. COBRA enrollees can continue benefits at their own cost, generally for up to 18 months. Spouses and dependents can continue benefits 18-36 months, depending on their circumstances. If you are disabled, you may be able to continue your COBRA coverage for an additional 11 months at a higher rate.
- c)** You may be eligible for health insurance through a religious, fraternal, or business association. Since some of these plans are based out of state, your rights and legal may vary.

Call the Office of the Insurance Commissioner's (OIC) Consumer Hotline at 1-800-562-6900 for information on authorized carriers. Or visit the OIC website at www.insurance.wa.gov.

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2. INDIVIDUAL COVERAGE

A) BASIC HEALTH

Basic Health is a state-sponsored insurance program for families with low income. The amount that you pay—your monthly premium—depends upon your family income, the number of people in your family, your age, where you live, and your choice of carrier (insurance company). Basic Health is a managed care insurance program offered through private insurance carriers. It is a comprehensive health plan with prescription drug coverage.

Basic Health - Adults

Basic Health (BH) is allowing some new enrollment as space becomes available.

For more information, call Basic Health: 1-800-660-9840.

Or check the website: <http://www.basichealth.hca.wa.gov/>

Basic Health Plus - Children

Basic Health Plus is a Medicaid program for children in qualified households. If you are eligible for Basic Health, your children may be eligible for Basic Health Plus. They must be under age 19 and U.S. citizens, or legal residents who arrived in the U.S. on or before August 22, 1996. For more information, call Basic Health: 1-800-660-9840.

Or check the website: <http://www.basichealth.hca.wa.gov/>

Basic Health Eligibility

# of Persons in Family	Gross Monthly Household Income
1	Up to \$1,551.74
2	Up to \$2,081.77
3	Up to \$2,611.79
4	Up to \$3,141.82
5	Up to \$3,671.85
6	Up to \$4,201.87
7	Up to \$4,371.90

A full income table is available at: <http://www.basichealth.hca.wa.gov/cost.shtml#income%20table>

B) PRIVATE INSURANCE

Legislation passed in March 2000 requires most individuals to pass a health screening questionnaire to qualify for individual coverage. If you qualify for private insurance, you may have up to a 9-month pre-existing condition waiting period for any health condition you have had in the past 6 months. This waiting period is waived if you have had at least 9 months of continuous comparable coverage (that is equal to or better than the new plan) immediately prior to applying for a new plan. *Catastrophic coverage is not deemed comparable.*

Health Screen

Contact the health plan of your choice and they will send you an application packet. This packet will include the new health screening questionnaire. If you do not “pass” the health screen, you become automatically eligible to apply for health insurance through the Washington State Health Insurance Pool (WSHIP). For more information about WSHIP, see the WSHIP section next page. With questions about the health screen, contact WSHIP at 1-800-877-5187.

Individuals Not Required To Take the Health Screen

Individuals are *not required* to take the health screen in the following instances:

- 1) they have exhausted their COBRA coverage;
- 2) they are following a doctor who left their previous plan;
- 3) they have moved out of their existing plan's service area;
- 4) their former employer has gone out of business while they were on COBRA, and they are applying for new individual coverage within 90 days after old coverage ended.
- 5) they have 24 months of continuous coverage through a small employer.

People who are eligible for or enrolled in Medicare do not have to take the health screen.

Commercial Plan Options

Not all plans are available in all counties. The only plan that sells individual coverage in all counties is Premiera Lifewise Health Plan of Washington. For detailed benefit descriptions and premiums, CONTACT THE CARRIER.

INSURANCE CARRIER

PHONE

Group Health Cooperative	800-358-8815
KPS Health Plans	800-628-3753
Premera Blue Cross	800-752-6663
Lifewise Health Plan of Washington	888-836-6135
Regence BlueShield of Washington	888-344-8234
Regence Blue Shield of Idaho	800-632-2022
Regence BlueCross BlueShield of Oregon	800-777-3168
Asuris Northwest Health	866-704-2708

C) WASHINGTON STATE HEALTH INSURANCE POOL

The Washington State Health Insurance Pool (WSHIP) provides health insurance for people who are unable to obtain coverage in the private marketplace. This plan provides comprehensive coverage, including a prescription drug benefit. Premiums are based on age and geographic location. *You are only eligible to apply for this plan if you have failed the health screen for individual coverage.* If you do fail the health screen, the carrier you applied to will automatically send you an application for WSHIP.

There are two options available for people who are not on Medicare:

- The Standard Plan (Plan 1), which is fee-for-service, allows you to go to the doctor of your choice. In the fee-for-service plan, rates are set at 150% of the average market rate for comparable commercial coverage.
- The Network Plan (Plan 3), which is a managed care plan, uses providers from the First Choice network. Rates for the network plan (managed care) are set at 125% of the average market rate.

Two new high-deductible plans have been added to Plan 3 (for a total of four available plans). The two new plans have deductibles of \$2,500 and \$5,000. (NOTE: enrollees cannot start with a \$5,000 deductible plan and later decide to switch to a lower deductible plan. Enrollees can only move from a lower-deductible plan to a higher-deductible plan.)

Some discount rates may apply. Please contact WSHIP for details.

WSHIP Premium Rates table for Plan 1 and 3 can be found at:

https://www.wship.org/pr_plans1_3.asp

WSHIP also has a separate plan that is only available for people on Medicare (Plan 2).

This plan has different eligibility criteria.

For further information about WSHIP, contact the administrator, BMI: 1-800-877-5187 or visit www.wship.org

D. CHILDREN'S HEALTH INSURANCE

There are two special programs for children in low-income families. These are Children's Medical (administered by the Department of Social and Health Services, DSHS) and the Children's Health Insurance Program (CHIP).

Many children who don't qualify for Basic Health (*see p. 2*) or Children's Medical may still be eligible for CHIP. Premiums for this plan are \$15 per month per child, with a family maximum of \$45 per month.

The following chart shows income limits to qualify for either of these programs. These are in effect until 3/31/05. These limits represent gross monthly household income *minus child care and other approved deductions*. When you review the income limits below, remember to first deduct these expenses from your family's gross monthly income:

- Actual child care costs
- Child support paid by your family
- An earned income deduction

#of People in Family	Monthly Income Limit for:	
	CHILDREN'S MEDICAL	CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
1	\$1,552	\$1,940
2	\$2,082	\$2,603
3	\$2,612	\$3,265
4	\$3,142	\$3,928
5	\$3,672	\$4,590
6+	Add \$530 per person	Add \$663 per person

Each unborn child counts as one family member.

CHIP is only available to children under the age of 19.

For more information about these guidelines or to apply for benefits, call: 1-888-KIDS-NOW or go to www.healthykidsnow.net

E. MEDICAID

Medicaid is a group of medical assistance programs for low-income people. There are several programs that can help low-income persons who have emergency medical needs; pregnant women; aged, blind or disabled persons; children in low-income families; or people with low-income and limited assets who need long-term care or home health care services.

For more information about Medicaid, call:

1-800-562-3022.

Or check the website: <https://www2.wa.gov/dshs/onlinecso/Medical.asp>

SHIBA HelpLine

**Statewide Health Insurance
Benefits Advisors HelpLine**

1-800-397-4422

TDD: 1-360-664-3154

Expertly-trained volunteer counselors assist and advocate for consumers regarding **health insurance, health care access, and prescription access**. Individualized and group assistance offered in Washington communities statewide, educating on rights and options, private insurance, public programs, policies, billings, appeals, and more.

www.insurance.wa.gov/consumers/shiba/default.asp

Consumer Advocacy

**Insurance Commissioner's
Toll-Free Hot Line**

1-800-562-6900

TDD: 1-360-586-0241

Expert professional staff answer questions and educate consumers regarding problems with any kind of insurance or insurance company—**auto, life, disability, health, homeowner/tenant, or other**. Staff have the authority to investigate complaints against insurers and agents, and enforce insurance law on behalf of consumers.

www.insurance.wa.gov

All consumer protection services and resources are confidential, impartial, and offered free of charge to Washington state consumers of all ages.